

2018 ALS GOLF CLASSIC

Valencia Country Club – December 10, 2018
Sponsor Registration

YES! WE WOULD LIKE TO PARTICIPATE:

GOLFING SPONSORSHIPS

- Title Sponsor (*exclusive*) \$20,000
- Eagle Sponsor (*1 remaining*) \$15,000
- Birdie Sponsor (*4 available*) \$10,000
- Par Sponsor \$5,000
- Golf Cart Sponsor (*1 remaining*) \$3,500
- Lunch Sponsor (*SOLD*) \$3,000
- Reception Sponsor \$3,000
- Contest Sponsor (*5 available*) \$1,250

NON-GOLF SPONSORSHIPS

- Hole Sponsor \$1,000
- Cigar Sponsor (*1 available*) \$1,000
- Hole In One Sponsor \$500
(*2 remaining*)

INDIVIDUAL OPPORTUNITIES

- Foursome \$1,500 qty: ___
- Individual Golfer \$400 qty: ___
- Dinner Only \$125 qty: ___

SORRY, WE CANNOT ATTEND, but wish to support the Golden West Chapter with the enclosed tax-deductible donation of \$_____

CONTACT INFORMATION

Company Name: _____
(as you wish to be listed on event-related materials)

Contact Person: _____
(for event-related questions)

Billing Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

PAYMENT INFORMATION

Total Enclosed: \$ _____

- AmEx Visa MC Check payable to **The ALS Association Golden West Chapter**

Card #: _____ Exp: _____

Name on Card: _____

Signature: _____

Submit payment with this form as soon as possible to Jena Brown:
PO Box 565, Agoura Hills, CA 91376 | jbrown@alsgoldenwest.org | t: 818.865.8067 | f: 818.865.8066

Organization is tax exempt under section 501(c)(3) of the Internal Revenue Code Federal ID # 95-416338



2018 ALS GOLF CLASSIC Golfer Information

TEAM ENTRY-4 person team

Sponsorship Contact: _____ Phone #: _____

Email Address: _____

Player 1: _____ Company: _____

Email Address: _____

Phone #: _____ Handicap/Index: _____ Shirt size: _____

Player 2: _____ Company: _____

Email Address: _____

Phone #: _____ Handicap/Index: _____ Shirt size: _____

Player 3: _____ Company: _____

Email Address: _____

Phone #: _____ Handicap/Index: _____ Shirt size: _____

Player 4: _____ Company: _____

Email Address: _____

Phone #: _____ Handicap/Index: _____ Shirt size: _____

INDIVIDUAL GOLFER

Player 1: _____ Company: _____

Email Address: _____

Phone #: _____ Handicap/Index: _____ Shirt size: _____

Player 2: _____ Company: _____

Email Address: _____

Phone #: _____ Handicap/Index: _____ Shirt size: _____

(Please photocopy or request additional player information forms if needed)

Please return golfer information by November 30th to:

Jena Brown

The ALS Association Golden West Chapter

P. O. Box 565, Agoura Hills, CA 91376

t: (818) 865-8067

f: (818) 865-8066

jbrown@alsgoldenwest.org

For golf tournament inquiries, please contact Bob Levey, Tournament Coordinator at 818-224-3673.

